

Call to Action Group Responses

1. DATA COLLECTION

What is Arizona doing well related to data collection and critical populations?

- ❖ ¹Arizona Youth Survey (AYS)
 - AYS used frequently and shared with parents to inform them about their communities
 - Arizona Criminal Justice Commission (ACJC) data
- Sharing data among Regional Behavioral Health Authorities (RBHAs), organizations and agencies and working collaboratively
- Crime analysis collaboration
- Reporting of underage drinking and DUI's
- Prescription Drug Monitoring System
- State Epidemiology Profile
- Data on the homeless (including street count), substance abuse, severely mentally ill (SMI), domestic violence, sexual abuse and rehabilitation programs.
- Building events where data can be collected
- Behavioral Health Demographic Data from the Arizona Department of Health Services (ADHS)
- Epidemiological data on HIV
- Data from adult and juvenile courts
- Civil Rights of Institutionalized Persons Act (CRIPA)
- Veteran's Affairs (VA) data collected from every vet who comes in
- County and state act as a central location for data
- Tribal database kept by federal government
- Safe and Drug Free Schools needs assessment
- Event surveys for coalitions
- Arizona Arrestee Reporting Information Network (AARIN) intake data
- Use of pre measures
- Adult Probation Enterprise Tracking System (APETS), though the data is only as good as the person entering it
- Treatment Assessment Screen Center (TASC)
- Focus groups

In what areas does Arizona need to improve related to data collection and critical populations? What should be done to strengthen Arizona's efforts to collect data related to substance abuse and critical populations?

- AYS Improvements/Modifications
 - The AYS should include 5 and 6th graders, though the questions would need to be simplified.

¹ This response was given by many participants.

- The AYS should also include questions regarding tobacco use.
- Would like to see questions included that would give insight into the number of homes who have household members who abuse drugs/alcohol.
- The AYS should include questions that would identify risk & protective factors.
- Make the AYS mandatory for all schools including tribal schools
- Expand AYS partnership to the Arizona Department of Education to include more schools (ADE)
- Improve collaboration, data collection and sharing of information with tribal communities
 - Arizona doesn't have a true picture of the issues in tribal communities due to lack of information sharing as a result of sovereignty.
 - Tribal council may not want to publish data
- Address cultural barriers
- ❖ ²Improve data sharing and make data accessible and user friendly
 - Need to increase awareness of data resources at the state level (data analysts)
 - Want state data reports broken down further state, county, city, neighborhood
 - Make data easier to find
 - Need a central location/repository for all data that is accessible by the general population
 - Educate people on how to access data
 - Report data back to communities
 - Improve coordination between state and local entities and between and among community organizations
- Need more success stories. Public awareness of recovery /number people who received help.
- ❖ ³Need access to data on/from:
 - Publish more data on emerging issues
 - Define purposes of data (federal, individual, grant purposes)
 - There are gaps in jurisdictions and minimal data collection from faith based organizations.
 - Hospital and Emergency Room data is difficult to access
 - Health Information Privacy Act (HIPA) is a barrier to getting data from physicians
 - Need data on adult consumption patterns (for those not in the legal system).
 - Need data on the homeless, runaway youth, school drop outs, LGBT community, migrant/immigrant communities, undocumented population, veterans
 - There is a fear of sharing information among immigrant population
 - ⁴Rural areas

² This response was given by many participants.

³ These responses were given by many participants.

⁴ This response was given by many participants.

- Behavioral health demographic data is difficult to get data back from ADHS
- Improve sharing of Uniform Crime Reporting (UCR) data
- Delayed release of records
- Need uniform definitions of data and uniform data collection methods
- Multiple agencies claiming data which causes inflation
- None insurance clients/patients/consumers
- Data regarding youth in Arizona Department of Juvenile Corrections (ADJC) institutions and detention facilities and their drugs of choice would be helpful, as currently the data available lists only whether they abuse drugs or alcohol (not specific substances and this data would assist with identifying communities' needs
- Drug tests for hiring could be reported as data
- Improve training for those collecting data
- Data should be reported more frequently than once a year.
- Invite faith based programs to participate in surveys. Have surveys in Spanish and English.
- Criminal justice system data down by critical populations
- Centralized prescription drug database with access
 - Nationwide database to track individuals filling prescriptions to prevent fraudulent schemes
- Provide funding to agencies so they can analyze their own data
- Need database for data on co-occurring disorders
- Uniform surveys for all coalitions statewide
- DUI conviction data cross-states
- Recidivism data after treatment
- Community assessment and readiness

CULTURAL COMPETENCY

What is Arizona doing well related to cultural competency and critical populations?

- ⁵There is sufficient training available around cultural competency. DBHS has a cultural competency plan that is submitted to the Arizona Health Care Cost Containment System (AHCCCS) and RBHAs are required to develop their own annual plans around the development of cultural responsive services.
- Youth prevention
- ⁶Community coalitions specific to needs
- Social workers have resources to specifically assist veterans
- Employers requiring cultural competency trainings
- Created liaison positions within the tribes to train the elders.
- Required training for people working with tribes and it is now easier to contract with tribes

⁵ This response was given by many participants.

⁶ This response was given by many participants.

- Universities and grants
- Bilingual services
- Inclusion and outreach; bringing more people to the table
- Identification of populations and their needs
- Healing process is growing in popularity
- Campaign component for Draw the Line
- Statewide task force (LGBTQ, AA, NA)
- Specialty Drug Courts and Spanish speaking courts
- Arizona is not doing anything well around cultural competency
- Gender specific groups/services
- CPS working to match children with culturally similar foster homes
- Ensuring bi-lingual staff/forms; translation services

In what areas does Arizona need to improve related to cultural competency and critical populations? What should be done to strengthen Arizona's efforts to culturally competent substance abuse services to critical populations?

- Flagstaff does not have the funds to develop culturally competent/responsive treatment programs.
- ⁷All agencies (including law enforcement and School Resource Officers) should be required to undergo training (perhaps yearly) in this area. Training should be more practical and skill based and localized and should go beyond theory.
- Increase inclusion of critical populations in policy making/planning relative to the development and provision of culturally responsive services
- Integration of tribal members into local and state programs
- Continually adapt and enhance methods- never a static issue
- ⁸Individual treatment plans that are culturally competent should be created for everyone
- Respect elders and allow them to lead and teach communities
- Provide training on cultural competency and acceptance in schools starting at an early age, as well as in the community
- Partner with critical populations to develop their own assessment tools.
- Define a list of cultures and populations (i.e. Somalis, Veterans and their families, single parents, rural population, disabled, Hispanic, Native American, Faith based, etc.) and in planning, take into consideration the culture/concept/language
- ⁹Be culturally inclusive in committee membership and in hiring
- Identify barriers to collaboration within coalitions and provide cultural competency training to coalitions
- ¹⁰Improve state and local collaboration

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- Provide resources including treatment centers targeted for specific populations including refugees, undocumented population and people of color.
- Cultural competency in treatment
- Coalitions should require cultural diversity training
- Increase bilingual resources, especially in smaller or rural counties
- Identify the strengths of each culture that can be built upon or drawn from
- Increased funding
- Improved accountability to training
- Work with tribes through MDA's or MOU's in working with clients to bypass sovereignty immunity
- Utilize the Inter Tribal Council of Arizona as a starting point for disseminating information to tribal communities
- Build competent communication vehicles and be creative in delivery options-cultural mediums
- Educate policy makers to needs of critical populations

ACCESS TO SUBSTANCE ABUSE SERVICES

What is Arizona doing well related to providing access to substance abuse services for critical populations?

- The availability and evaluation of specialized women's and adolescent's treatment programs
- ¹¹Those who are AHCCCS eligible fare well in the behavioral health system and treatment is funded for these clients
- ¹²Drug courts and specialty courts provide alternatives to incarceration.
- In tribal communities, receive funds from the federal government that can be used to tailor the services to fit the population; also receive funds from tribal enterprises for services. State offers scholarships for free trainings.
- In tight budget times Veteran's Affairs is partnering with the community to provide support services (food, clothing, etc.)
- DBHS do not distinguish between mental health and substance abuse services, as many times cases go hand in hand. Each person is screened for substance abuse.
- Resources on substance abuse and services available in the media, schools and communities
- Stronger prevention infrastructure (SPF, Anti-Meth grants) that involves communities and parents
- Funding for specialty populations including pregnant women and HIV positive population
- Treatments and jail and prison
- 12 Step meetings are widely available
- Strong faith based community

¹¹ This response was given by many participants.

¹² This response was given by many participants.

- Availability of emergency services and detox
- AZ is not doing anything well in terms of access to substance abuse services
- AZ has federal grant funding
- Department of Corrections and Department of Juvenile Corrections provide treatment
- Inpatient /outpatient services are available for all income levels
- Traditional and alternative programs are available
- Arizona Department of Corrections is providing habilitation services and treatment
- Evidence based programs are being implemented

In what areas does Arizona need to improve to improve access to substance abuse services for critical populations? What should be done to strengthen Arizona's efforts to provide access to substance services for critical populations?

- ¹³Lower cost of service:
 - AHCCCS system is slow and cumbersome. Increase education about AHCCCS and private insurance and other coverage options
 - There is not adequate access to services for those persons in need of treatment who are not Title 19 eligible. Private pay fees should be reduced.
 - Certain hospitals do not take AHCCCS patients
 - Make linkages between agencies to pay for services
 - Allow for more inpatient treatment authorizations
 - Gap of services for underinsured
 - Insurance doesn't cover long term care
- ¹⁴Need an improved referral system to allow access to community supports and provide information to the public on where they can get help. County Health Departments could serve as this information/referral hub.
 - Make a resources and a referral book widely known and have other counties (outside of Maricopa) create their own.
- ¹⁵Reduce referral and waiting time for services.
- Lack of Services:
 - There are no residential treatment facilities in Mohave County for adults or youth
 - Need more treatment centers (especially in-patient) for youth including special needs youth after the age of 18
 - Need more treatment services for the elderly and disabled
 - No services for undocumented population
 - Need more services in rural areas
 - Need a residential facility for those with co-occurring disorders
 - Increase jail based services (including detox) in counties

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- Increase treatment options for mothers with children
- Increase referrals to Drug Courts. Increase and expand drug courts, problem solving courts and family courts.
- ¹⁶Transportation of clients to treatment and support services can be difficult, particularly in rural areas. Must improve transportation options and reduce cost.
 - Share services and resources across counties
- Provide crisis intervention training for more law enforcement officers
- Need to assess individual treatment needs rather than universal treatment plans when in the state system
- ¹⁷Improve continuum of care and aftercare
- Too much money is spent on process and not outcome
- Lower requirements for providers to participate with the Access to Recovery Program (ATR)
- The majority of people in need of treatment are not receiving it
- Treatment provided in the corrections system should be longer and should be enhanced by having more professionals in the system.
- Schools should have mandatory substance abuse prevention programs and should have qualified substance abuse counselor on staff. Parenting packets should be provided to parents when children are very young.
- Excessive need for personal documentation (birth certificate, AHCCCS, assessment appointment, intake appointment) is a hindrance to services
- Improve education for decision makers
- Rules/protocol for different treatment facilities need to improve
- Establish a repository/clearinghouse of prevention information
- Increase public service announcements
- Direct services towards family
- Make services more welcoming
- Drug tests for AHCCCS recipients
- Use current technology
- Increase accessibility to help populations of abusers that may not be at rock bottom but are headed in that direction
- Create a task force of criminal justice system or drug court graduates
- Establish promising innovative programs
- Engage corporations and businesses
- Increase peer and mentoring services
- Create a registry (electronic medical records) so that providers are aware of what each other are doing around a person's treatment
- Improve screening for adolescents
- Make drug counseling mandatory for all drug related offenses
- Improve monitoring of treatment facilities for effectiveness
- Provide a reserve fund for future recessions

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- Encourage more parent participation with innovative programs that collaborate with children services/activities
- Eliminate overlapping services

BEST PRACTICES

What is Arizona doing well related to implementing best practices to respond to substance abuse by critical populations?

- Substance Abuse Prevention programs include life skills training
- Strength based models are used
- ¹⁸The treatment need for co-occurring disorders is recognized
- Enforcement
- Veteran's Affairs using evidence based practices
- DBHS is making individualized treatment plans for patients
- DBHS trains all staff on evidenced based practices and collaboration techniques
- ¹⁹Plentiful and valuable training opportunities, technical assistance and conferences
- ²⁰Family is involved in prevention and treatment (an example is Drug Court)
- ²¹Drug Courts
- Evidence based practices are stressed in applications for funding
- Emphasis on using the coalition model for community problem-solving
- SPF model being used across various funding streams
- Matrix model is being used for meth and there is a Meth Center of Excellence
- Many choices for support services are available and services are accessible
- Female residential programs that allow children
- Coalitions have materials for specific populations (individuals/communities)
- Faith based and community initiatives are strong
- Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Behavioral Therapy (CBT)
- Women in Recovery program at the Department of Corrections
- Specific Initiatives: Project Alert, Arizona Meth Project, Draw the Line
- Work is being done to enforce Social Host laws
- Motivational interviewing training
- Ethnic-caring guides
- Supreme court statewide training (including judges) re: best practices
- Providers are using more integrative models
- Collecting data on recidivism of clientele
- Data available on geographic distributions of drugs
- DUI enforcement

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- Coordination with legal system
- Urinalysis in treatment at the clinics

In what areas does Arizona need to improve related to implementing best practices to respond to substance abuse by critical populations? What should be done to strengthen Arizona's efforts to implement best practices to reduce substance abuse by critical populations?

- Rural areas need assistance with evaluation and monitoring of fidelity to best practices. There are limited resources in these areas.
- Reduce overlap of services
- Incentives for using best practices vs. standard care
- Re-create / stress the importance of family nucleus and include the family services
- Organizations and coalitions need to share information on what is working between them. Provide more opportunities for learning about locally implemented best practices across the state
- Restricted to evidence based
- Need more information on what works from individuals who are successful in recovery (even if through a third party).
- ²²Need to improve working knowledge of best practices (training) and include implementation and modifications
- Define best practice for each specific community and from the client's perspective. Agencies need the freedom to adopt procedures to fit the needs of their population
- Establish buy-in and monitoring when new modalities are presented to agencies
- Increase life skills curriculum and universal prevention curriculum in schools starting at a younger age
- Best practices from client's perspective
- More government support
- Need ability to use mandatory curriculums with flexibility to respect individual values
- Have a larger base of substance abuse therapists through increased pay/incentive programs
- Increase the number of Drug Courts
- Getting information/resources to tribal communities
- Developing more services so there access for these populations
- ²³Limited resources in rural communities
- The Arizona Prevention Resource Center should be funded and should be available statewide as a great resource for best practice models.
 - ²⁴Provide a web based repository of information on best practices

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- Provide more structure in RFPs to engage best practices
- Pass legislation to require all physicians to check registrars for patient history before controlled substances are prescribed
- Increase mentoring programs and parenting classes
- Assess best practices in other states
- Train emergency room and urgent care personnel to recognize substance abuse issues and signs of street drug use.
- Provide engagement for those waiting for a treatment bed
- A committee should be put in place to rank curriculum
- Coalitions should demand that their programs to move to best practices
- More programs for nutrition, exercise, life skills and wellness (comprehensive-humanistic)
- Increase statewide grants for substance abuse
- Increase educational webinar seminars
- Use media to provide public service announcements and information on substance abuse to the general public
- Adapting research/evidence based programs according to different communities or to specific groups for better outcomes